

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL					Complete if Known				
					Application Nur	10/702,093-C	,093-Conf. #8019		
					Filing Date N		November 6, 2003		
For FY 2008					First Named Inventor Lutz Lohmann				
FOI F1 2000					Examiner Name E. J. Rekstad				_
X Applicant claims small entity status. See 37 CFR 1.27					AROIII		2621		
TOTAL AMOUNT OF PAYMENT (\$) 0.00					Attorney Docket No. 38412-1980.			<del>,</del>	
METHOD OF	PAYMENT	(check all	that apply)						
Check Credit Card Money Order None Other (please identify):									
X   Deposit Account   Deposit Account Number:   22-0261   Deposit Account Name:   Venable LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCU	LATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
		FILIN	IG FEES Small Entity	SE	ARCH FEES Small Entity	EXAMII	NATION FEES Small Entity	,	
Application T	уре	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)		Fees F	Paid (\$)
Utility		310	155	510	255	210	105		
Design		210	105	100	50	130	65		
Plant		210	105	310	155	160	80		
Reissue		310	155	510	255	620	310		
Provisional		210	105	0	0	0	0		
2. EXCESS CLAIM FEES									Small Entity
Fee Description								Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)								50	25
Each independent claim over 3 (including Reissues)								210 370	105 185
Multiple dependent claims					Paid (\$)	B/	ultiple Depend		105
Total Claims Extra Claims Fee (\$) Fee			1001	Fee (\$)			Fee Paid (\$	3	
HP = highest num						<u></u>	<u> </u>	1001 414	4
Indep. Claims Extra Claims Fee (\$) Fee			Fee F	Paid (\$)			•	<del></del>	
	-3=	x _	=						
HP = highest num	ber of independe	nt claims pai	d for, if greater than	3.					
listings und	ation and draw der 37 CFR 1.5	52(e)), the	application size	e fee du	(excluding electric is \$260 (\$130 is 37 CFR 1.16(s).				0
Total Sheet	ts <u>Extr</u>	a Sheets	Number o	f each a	dditional 50 or fra	ction there	of Fee (\$)	Fee I	Paid (\$)
	100 =		/50 =		(round up to a who	ole number)	x	=	
4. OTHER FEE(S)								Fees	Paid (\$)
_	-		ee (no small ent	ity disc	ount)				
Other (e.g., l	late filing surc	charge):							
SUBMITTED BY		9	//						
Signature	Costro	11112	aliee		Registration No. (Attorney/Agent)	33,074	Telephone	(202) 34	4-4000
Name (Print/Type)	Catherine I	M. Voorhe	es		<u> </u>	-	Date	March 10	), 2008
001411000000	010000000000	0000000							

::ODMA\PCDOCS\DC2DOCS1\938378\1